

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                     | 10800806   |          |        |                      |
|--|--|----------|--------|----------------------|
| <b>Filing Date:</b>                            | 15-Mar-2004  |          |        |                      |
| <b>Title of Invention:</b>                     | System and method for securely authenticating a data exchange session with an implantable medical device |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>    | Jeffrey A. Von Arx   |          |        |                      |
| <b>Filer:</b>                                  | Mark Earl Deffner  |          |        |                      |
| <b>Attorney Docket Number:</b>                 | 115.0080US01   |          |        |                      |
| Filed as Large Entity                          |  |          |        |                      |
| <b>Utility under 35 USC 111(a) Filing Fees</b> |  |          |        |                      |
| Description                                    | Fee Code   | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                           |  |          |        |                      |
| <b>Pages:</b>                                  |  |          |        |                      |
| <b>Claims:</b>                                 |  |          |        |                      |
| <b>Miscellaneous-Filing:</b>                   |  |          |        |                      |
| <b>Petition:</b>                               |  |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>        |  |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>       |  |          |        |                      |
| <b>Extension-of-Time:</b>                      |  |          |        |                      |
| Extension - 1 month with \$0 paid              | 1251   | 1        | 130    | 130                  |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 810    | 810                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>940</b>           |